



Amount, Duration and Scope.

1. In order to be covered, the home modification must be medically necessary, and may deter the risk of an increase in existing home and community based services or institutionalization.

Examples of specific exclusions include:

- a. Modifications of the home that are of general utility to the household, or that are not of direct medical benefit to the member, and
- b. General maintenance, home improvements or home repair. These are considered to be the responsibility of the homeowner and are not covered by AHCCCS.

Note: Home modifications have limited benefits and cannot be expected to alleviate all risk of injury or make every task easier or more convenient.

2. An assessment and documentation of the member's needs for home modifications must include the following, as appropriate:
 - a. PCP or attending physician order
 - b. Documentation to support medical necessity, including an assessment of the home modification's impact on the member's ability to independently perform activities of daily living (ADLs). If the home modification will also assist a caregiver in meeting the ADL needs of the member, this documentation must be included.
 - c. An assessment by a qualified professional, usually an occupational or physical therapist. An assessment by a certified environmental access consultant (CEAC) can be used in lieu of an assessment from an occupation or physical therapist. In the absence of assessment by a qualified professional, the Contractor's medical Director or physician designee must review the request.
 - d. At least two competitive bids (cost estimates) from qualified providers/building contractors for each home modification project for comparison of costs and project options are recommended.
 - e. FFS case managers must also submit the completed Home Modification Request/Justification Form. Refer to Exhibit 1240-4 for a copy of the required form.



3. Under 42 CFR 438.210, the managed care Contractor must approve or deny requests for home modifications within 14 calendar days of the request. The Contractor may extend an additional 14 calendar days when there is justification that additional information is necessary for the determination of the request and the extension is in the member's best interest, absent extenuating circumstances. The Contractor must notify the member of the intent to extend the timeframe. The Contractor may not exceed 90 days from the date of the approval for finalizing the specifications and completing the project.

Denial of a home modification must be signed by the Contractor Medical Director or physician designee.

4. Requests for approval of home modifications for ALTCS FFS members must be submitted to the AHCCCS Division of Fee for Service Management, Prior Authorization Unit, and prior authorized by the Manager of the PA Unit or designee. A written decision regarding approval or denial of the service may be expected within 30 days from receipt of a properly completed request.
5. Home modifications must be performed by a residential contractor as defined in A.R.S. §32-1101 et seq, and in accordance with applicable State or local building codes. Tribal Contractors may use a building contractor who has been certified by the Tribal Authority for home modifications on the reservation. All residential or building contractors must be registered AHCCS providers.

Examples of modification that may be covered include, but are not limited to:

- a. Installation of one ramp, including handrails, and necessary threshold modification, to facilitate barrier-free member access to their home
- b. Widening of doorways to allow a member in a wheelchair access to essential areas of their home